



# LOS ANGELES COUNTY COMMISSION ON HIV

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## COMMISSION ON HIV MEETING MINUTES September 14, 2006

**Approved**  
**10/12/06**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC (cont.)	OAPP STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Wendell Fuqua	Kyle Baker
Anthony Braswell, <i>Co-Chair</i>	Daisy Aguirre	Rhonda Graff	Angela Boger
Carrie Broadus	Al Ballesteros	Shawn Griffin	Maxine Franklin
Robert Butler	Cheryl Barrit	Lorraine Jackson	Michael Green
Alicia Crews-Rhoden	Charles Carter	Miki Jackson	Marina Janofsky
Mario Chavez	Elizabeth Gomez	Karly Katona	Terina Keresoma
Whitney Engeran	John Griggs	Lee Kochems	Mario Pérez
Hugo Farias	Jan King	Kyron Kopanos	David Pieribone
Douglas Frye	Anna Long	Gabriela Leon	Sophia Rumanes
William Fuentes	Gloria Pérez/Terry Goddard	Phoebe Liu	Nicole Salcedo
David Giugni	Peg Taylor	James Pallis	Gloria Traylor-Young
Jeffrey Goodman		Ric Parrish	Lanet Williams
Richard Hamilton		Jane Price	Juhua Wu
Brad Land/Dean Page	<b>PUBLIC</b>	Terri Reynolds	
Davyd McCoy		Emma Robinson	
Ruel Nollo	Alicia Avalos	Sunnie Rose	<b>COMMISSION STAFF/CONSULTANTS</b>
Quentin O'Brien	Donna Brown	Jill Rotenberg	
Everardo Orozco/Ron Snyder	Cinderella Barrios-Cernik	Natalie Sanchez	Virginia Bonila
Angélica Palmeros	Diana Baumbauer	Allen Shanklin	Miguel Fernandez
James Skinner	Joe Carter	Chris Simpson	Jane Nachazel
Wendy Schwartz	Leticia Chism	Deya Smith	Glenda Pinney
Jonathan Stockton	Genevieve Clavreul	James Smith	Doris Reed
Gilbert Varela	Jacklyn Davis	Tania Trillo	James Stewart
Kathy Watt	Mark Davis	Nick Truong	Craig Vincent-Jones
Jocelyn Woodward	Thanh Doan	Marilyn Vitton	Nicole Werner
Fariba Younai	Harlon Early	Walter Ward	
	Shantoi Edwards	Tasha Wagner	
	William Flores	Sharon White	
	Debra Folks	Jan Wise	
	Idabelle Fosse	Patricia Woody	

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:30 am.
  - A. **Roll Call:** Mr. Vincent-Jones called the role and confirmed quorum.

**2. APPROVAL OF AGENDA:**

- Ms. Broadus recommended advancing Items 9 through 15 before Item 18 in order to address motions earlier. She felt that items without votes are often discussed at length early, and items requiring a vote are often inadequately discussed later.
- Mr. Land recommended that Item 13, the PPC Report, be moved up before Item 9.

**MOTION #1:** Approve the Agenda Order, as revised (*Amended as noted below*).

**MOTION #1A (Broadus/Land):** Approve the Agenda Order, amended such that Items 9, 10, 11, 12, 14 and 15 are moved back to just before Item 18 and all other items are moved up (*Passed by Consensus*).

**3. APPROVAL OF MEETING MINUTES:**

- **July 13, 2006:** Mr. Braswell referred the members to the minutes.

**MOTION #2:** Approve the minutes from the July 14, 2006 Commission on HIV meeting (*Passed by Consensus*).

**4. PARLIAMENTARY TRAINING:** Mr. Stewart reminded the body that the two-minute speaking rule was in effect. He added that members may not speak a second time to an issue until all who wish to do so have had the opportunity, and that members may not speak more than twice to an issue without permission of the body.

**5. PUBLIC COMMENT, NON-AGENDIZED:**

- Ms. Avalos, Women Alive Coalition, announced the organization was co-sponsoring the Los Angeles Women's HIV/AIDS Treatment Summit on October 7<sup>th</sup>. That evening will culminate in the 16<sup>th</sup> Annual "Divas Simply Singing" fundraising event.
- Ms. Rotenberg, JWCH Institute, noted that the monthly SPA 4 Service Provider Network (SPN) meeting would be Thursday, September 21<sup>st</sup>, at the LA Free Clinic on Beverly Boulevard.
- Ms. Davis, LA County DMH, Black Los Angeles County Client Coalition (BLACCC), K-11 Committee, said that a new mental health initiative seeks to provide support to PWHIV in the LA County jails. People interested in joining were welcome to get more information from her.
- Ms. Folks, organizing chair of BLACCC, noted they are working with a group of coalitions inside DMH. They will be accessing Mental Health Services Act funds to assist prisoners inside and in transitioning out of jail. They would appreciate assistance in designing their intervention program.

**6. COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Vincent-Jones thanked staff for their work in putting together the unusually large packet..
  - Mr. Page called attention to a magazine, "HIV Positive", including the 6<sup>th</sup> Annual Financial Guide for PLWHIV.
  - Mr. Goodman commented on the Medicare Part D Forum co-facilitated by Julie Cross and Kathleen Clanon. Ms. Cross, California Office of AIDS, indicated that some 40,000 Californians were erroneously granted a low-income subsidy this year that they would most likely lose next year. ADAP will continue to pay for drugs, but significant numbers of people may become stuck in the Medicare "donut hole" due to medications for co-morbidities, since Medicare does not count ADAP monies toward the share of cost total needed to bridge the gap. He suggested the Public Policy Committee follow-up on a US Senate Bill 3650 that would allow ADAP to be counted. He added that a new enrollment period would begin November 15<sup>th</sup>.
- ➔ Mr. Land recommended that Public Policy assess both federal policy developments and potential state responses.

**7. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no additional comments.

**8. CO-CHAIRS' REPORT:**

**A. Executive Committee At-Large Nominations:**

- Ms. Broadus asked for a review of the seat's duties. Mr. Vincent-Jones noted an Executive Committee At-Large Job Description was in the last packet, and said that the Executive Committee would become the primary committee assignment for the at-large member.
- Mr. Braswell reported that Mr. Goodman had been nominated

**MOTION #3:** Elect Jeffrey Goodman to fill the Executive Committee At-Large member seat (*Passed by Consensus*).

**B. Annual Meeting:**

- Mr. Braswell noted the topic of the meeting had been changed from "outcome measures" to "unmet need". In response, to a question, Mr. Vincent-Jones described unmet need, according to HRSA, as people diagnosed with HIV who are not receiving primary health care, defined as receiving a viral load, CD4 count or HIV prescription in the past year.

**9. EXECUTIVE DIRECTOR'S REPORT:**

- A. Sunset Review:** Mr. Vincent-Jones reported that the Commission passed Sunset Review. A revised Ordinance, extended to 2011, would permit the Commission's Sunset Review to follow Reauthorization, so that changes resulting from new legislation can be incorporated into the Ordinance. The Board would vote on the updated Ordinance the following week.
- B. County Counsel Ethics Training:**
- Mr. Vincent-Jones explained a new state law regarding ethics training. County Counsel has designed a training program which covers the required curriculum, including specific LA County laws and regulations. The training, itself, is two hours long.
  - He noted that County Counsel has interpreted the new law to require training for all Commissioners who might be eligible for reimbursements regardless of whether or not they are being reimbursed.
  - County Counsel has scheduled several trainings around LA County. Due to the Commission's size, it was agreed that they would also provide training at the October Commission meeting.
  - The October 12<sup>th</sup> Commission meeting is being extended to 2:30 p.m. to accommodate the training. In addition, the Commission portion of the meeting will conclude one hour early, at 12:30.
  - It has also been agreed that some individuals from other LA County commissions may also attend due to attendance requirements in LA County by January 1, 2007.

**10. STATE OFFICE OF AIDS REPORT:** There was no report.

**11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:**

- Mr. Pérez said there would be a Commission on HIV Title I Application draft review work group meeting September 21<sup>st</sup>, 11:30 a.m. to 6:00 p.m., at OAPP in Conference Room A.
- The interim progress report for the CDC HIV Prevention Cooperative Agreement was going to be submitted later in the day. It is a noncompetitive application, so the same level of funding is anticipated for next year.
- Ms. Franklin has accepted the position of Director, Care Services.
- Patty Gibson has accepted a 90-day assignment in Public Health Bioterrorism. Dave Young will serve as Acting Director, Financial Services, in her absence.
- The Commission had requested an update on some of the Year 17 Title I-II expectations, and Mr. Pérez said he would provide the information individually to Mr. Vincent-Jones.
- Dr. King has been a partner and successful applicant in two recent CDC demonstration research projects. Van Ness Recovery, under the leadership of Ms. Watt and Kathy Roebach, with OAPP, have secured one of four awards to test new crystal meth interventions. OAPP has also received an award to test rapid testing algorithms in LA County.
- He reported that subsequent to its closure, LA Shanti is going through the formal dissolution process with their Interim Executive Director. Mr. Pérez continued that OAPP had invested resources in one intervention targeted toward MSM with the agency, and is currently assessing what partners would best pick up the work when they discontinue it.
- Mr. Vincent-Jones noted that Ms. Gibson had represented OAPP on the Finance Committee and was working on tables of other financial information from OAPP that was planned for presentation in October. Mr. Pérez said he would follow-up with Mr. Young to ensure a smooth transition.

**12. HIV EPIDEMIOLOGY PROGRAM REPORT:**

- Dr. Frye reported that the semi-annual surveillance report was not yet out due to printing vendor delays. However, as of June 30<sup>th</sup>, there were 20,900 PWA in LA County.
- The experiment in HIV reporting by code was completed as of April 17<sup>th</sup>. At that time, there 15,275 persons reported by code with non-AIDS HIV. That will be the final number for that exercise. He reported that was about 37% of California cases.
- No cases were reported by name last month because staff were displaced from their offices by a building fire.
- About 1,000 case reports of name-based HIV will be reported to the state in September.

**13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

- Ms. Watt reported that the largest portion of the previous week's PPC meeting was a two-hour presentation on the 2004-08 Prevention Plan. The PPC voted to include an addendum that incorporates recommendations from PPC task forces on High-Risk Venue, Crystal Meth and African-American MSM. It includes recommendations to the administrative agency on new areas to fund. About 40 community members participated in development of the recommendations.
- In addition, as current HERR/HIV Counseling and Testing/Prevention Case Management contracts for January 2007 are renegotiated, language must address the various sub-populations with an emphasis on increasing HIV Counseling and Testing where possible.

- Ms. Watt said the PPC Annual Meeting would be November 16-17. The Annual Meeting will focus on the Addendum and the 2008-2012 Prevention Plan. Everyone is welcome to participate, both at the Annual meeting and in the meetings preceding it to begin plan development.
- The CDC Interim Prevention Progress Report will be due September 15<sup>th</sup>. Committee chairs had reviewed the Report and presented it to the PPC, which voted to concur.
- Ms. Watt wanted to remind everyone that syphilis was increasing dramatically, both among MSM and women. It was important to remind people to get tested and treated.
- Ms. Watt reported two new members: Lee Kochems and Trevor Daniels.
- Ms. Broadus asked how the PPC plans to address the up to 35% of women who do not identify with and/or are not categorized as "high risk". Ms. Watt replied that there was a report from the Evaluation Subcommittee regarding people who self-identify as heterosexuals and positive test results. The report verified that no one was being refused testing.
- Ms. Broadus said her point was that, if there is a large segment of the population not covered by a Behavioral Risk Group (BRG), BRGs are not an adequate basis for a prevention plan. While no one may be refused testing, people who do not feel they are at risk are unlikely to present for testing without interventions targeted to them.
- Dr. Frye said HIV Epidemiology did not use the CDC definition of women at sexual risk for their studies. Instead, the percentage of women with two or more sexual partners in the last year was drawn from the LA Health Survey. In addition, the percentage of women who had one sexual partner but did not use a condom were included. He noted that the CDC is considering changing their definition of women at sexual risk.
- He added that the 35% figure referred to can be deceptive since not all providers ask the pertinent questions. Part of that percentage is redistributed based on experience over the last ten years of people who initially had no identified risk group but later had a risk behavior identified.
- Mr. Pérez said that about 35% of people tested through the OAPP-funded system are women, as well as about 14% of those testing HIV+. Many women who test HIV+ do not report a risk consistent with the current model. He felt there needed to be a complimentary approach to ensure testing is targeted toward women who do not feel they are at risk. Efforts continue to improve that targeting. He noted that it was still important to maintain the distinction between those women who do report high risk behaviors, like a higher number of partners or exchanging sex for drugs, and those who do not while testing is ensured for all. He agreed with the PPC's call for more counseling and testing funds and is working to achieve that.
- Mr. Pérez continued that there had been significant community discussion regarding AB 2280, which called for a legislatively driven statewide change to the counseling and testing model. In response to that, the bill was dropped and the State Office of AIDS is going to implement a demonstration project in five counties, including LA County, to test irrespective of risk profile in a more streamlined manner. Current reporting requirements will be relaxed. He said community partners for the project would be identified soon.
- Mr. Braswell contributed that screening should be supported as a routine part of a healthy lifestyle.
- It was agreed that additional reports on data used by the PPC, like CRAS, would be useful when time permitted.

**14. TASK FORCE REPORTS:**

- A. Commission Task Forces:** Ms. Watt reported that the HIV Alcohol and Drug Task Force would host a 6-hour training on Hepatitis C at Cri-Help on the first Wednesday in October.
- B. Community Task Forces:** There were no reports.

- 15. SPA/DISTRICT REPORTS:** Ms. Broadus reported that the 2<sup>nd</sup> District Coalition would be celebrating its 10<sup>th</sup> Anniversary in October. Supervisor Burke will attend. The 2<sup>nd</sup> District is also developing a Public Policy Strategic Plan with technical assistance from former Assemblyman Rod Wright.

**16. STANDING COMMITTEE REPORTS:**

**A. Public Policy Committee:**

**1. Civil Liabilities for HIV Transmission, Recent Developments:**

- Ms. Liu, Discrimination Attorney, HALSA, presented information on a recent case before the California Supreme Court with a potential impact on civil liability for the transmission of HIV. It is a valuable bellwether regarding California's direction in civil liability and balancing privacy rights versus other state interests.
- John (defendant) and Bridget (plaintiff) met in 1998, became engaged in 1999, and were married in July 2000. While dating, John presented himself as healthy, monogamous and disease-free, justifying unprotected sex with Bridget. Bridget tested HIV+ in October 2000; John was also tested HIV+.
- Bridget was blamed for introducing HIV into the marriage, but a year later John acknowledged having had sex with men both while they were dating and after they were married. Bridget sued on four causes of action: intentional infliction of emotional distress, negligent infliction of emotional distress, fraud and negligent transmission of HIV.
- John denied all facts from the complaint, asserted Bridget had infected him, and provided an August 2000 HIV- test. He also asserted that Bridget had agreed to have unprotected sex and, therefore, assumed the risk.

- The case is currently in discovery during which each party is attempting to elicit useful information from the other. Bridget requested detailed medical and sexual history information.
- The Superior Court supported Bridget's request, but limited her access to the medical records. The Court of Appeals concurred regarding the medical records, but disallowed personal identification of John's sexual partners on grounds of third party invasion of privacy.
- On appeal to the Supreme Court, John acknowledged that there is cause of action on negligent transmission of HIV/AIDS, but felt it did not apply unless he had actual knowledge that he had HIV. He further felt he could not be held liable unless he had constructive knowledge, that is, unless he knew for certain.
- The Supreme Court focused on one cause of action: negligent transmission of HIV. Elements of a negligent cause of action are: defendant owes a duty to the plaintiff, defendant breaches that duty, the breach of that duty causes injury to the plaintiff. The general rule in California is that everyone has a duty to use ordinary care to prevent others from injury. The foreseeability of harm is a crucial factor in determining scope of the duty.
- The Supreme Court majority, four of seven, disagreed with John's argument. They ruled that negligent transmission of HIV did not depend solely on actual knowledge. They extended civil liability to people who had reason to know they might be HIV+. They defined "reason to know" as "sufficient information to cause a reasonably intelligent person to infer that he/she is infected with the virus." The court chose not to define specific situations in which a person would have reason to know.
- They supported use of constructive knowledge in order to encourage testing among those who might be at risk, as opposed to using actual knowledge as a benchmark that might discourage people from being tested.
- They identified the duty of care as varying with the specific situation that, in this case, included a relationship contemplating sexual exclusivity, representation of being disease-free, and insistence on unprotected sex.
- They reversed the lower court to allow Bridget to explore John's sexual history, excepting personal identification information, between February 17, 2000, predicated on a six-month window generally acknowledged between possible exposure and testing positive counted from the August 17, 2000 HIV- test, and July 2000, after which Bridget claimed there was no further sexual contact.
- The Supreme Court then referred the case back to the Superior Court for its continuation. Two of three dissenting justices felt only actual knowledge should be considered in negligence. The third dissenting justice felt that Bridget was entitled to greater information.
- Ms. Liu noted that, regardless of the continuation of this case, the California criminal statute on knowingly transmitting HIV, a felony that carries a prison sentence of up to eight years, continues to require both actual knowledge of being HIV+ and specific intent to transmit.
- Ms. Liu added that HALSA would be presenting a privacy, discrimination and notification conference on November 8<sup>th</sup>. She said flyers were in the back. Mr. Vincent-Jones offered to include one in the next packet.
- Mr. Land said it was important to be aware of the privacy issues raised by the case and continue to track them to ensure they do not feed greater stigma and fear around testing.

2. **CARE Act Reauthorization:**

- Mr. Engeran reported that the House of Representatives draft has been released. The draft bill, a summary and projections are in the packet.
- The draft retains the earlier proposal for three Title I EMA tiers, and adds two tracks consisting of states that do not have mature names-reporting systems and states that do. The two tracks would treat formula funding differently.
- Mr. Pérez summarized House discussion draft changes from the previously introduced Senate version. A key difference is in how the HIV/AIDS burden is determined across the country. The House version allows code-based data with a 5% duplication penalty. It is an improvement from previous drafts that only accepted AIDS cases and HIV cases reported under CDC-approved names-reporting systems. The change would allow HIV data from about a dozen states, including California, which would previously have been excluded from formula calculations.
- Mr. Pérez continued that Congress has traditionally allocated about \$580 million to Title I, though it is expected to increase this year to \$604 million. Funds have historically been divided equally between formula and supplemental funding. The House draft directs two-thirds of funds to formula and one-third to supplemental. Some data runs indicate that LA County may benefit slightly, but they are very speculative..
- Supplemental funds would be allocated by several criteria. The House draft provides 95% "hold harmless" for the first three years of the bill and then drops to 0%. Those with a low HIV/AIDS prevalence are likely to experience a significant drop in supplemental funding. Another concern is that the 95% "hold harmless" will absorb the bulk of supplemental funds. One suggestion is to build in "hold harmless" for two additional years.
- Mr. Pérez noted that there are nine EMAs in California. The Tier 1 Principal Title I EMAs, with more than 2,000 AIDS cases reported over the last five years, include Los Angeles, San Francisco and San Diego. The Transitional Tier 2 EMAs are designated as having had 1,000 to 2,000 AIDS cases reported over the last five years. Finally,

there are Tier 3 Emerging Communities, like Santa Rosa, with less than 1,000 AIDS cases reported over the last five years. After three years with less than 1,000 in reported AIDS cases, an EMA loses “hold harmless” but remains in the Emerging Communities Tier 3 which will then jointly share \$5 million with other Tier 3 EMAs. Some EMAs, like Orange County, are on the cusp between Tier 2 and 3. That could eventually impact the need for LA County services since a loss of Orange County funding could put pressure on LA County.

- Mr. Pérez added that, as part of the supplemental funding, it is expected that EMAs will demonstrate need. Many things have been included that LA County has traditionally felt were important, like unmet need, increasing need, relative rates of increase, HIV/AIDS prevalence, homelessness, language services and geography.
- The Title I award anticipates an administrative investment of 10% and a 5% cap in additional funds for quality assurance. Of the balance, 75% is designated for “core medical services” and 25% for “support services”. There has been significant discussion of those definitions. The House draft includes the following as “core medical services”: mental health, outpatient substance abuse, medical case management including treatment adherence, outpatient medical, ADAP, AIDS pharmacy assistance, oral health, EIP, health insurance payment programs, home health, medical nutrition therapy, hospice services, home- and community-based care services.
- Mr. Pérez added that states have opportunities to apply for about \$20 million in additional resources as part of case-finding measures like voluntary opt-out testing of pregnant women, universal testing of newborns, voluntary opt-out testing at STD clinics and drug treatment centers. There is also about \$10 million available to EMAs for partner services. Local Title III providers are expected to invest at least half of their resources in EIP.
- Mr. Engeran said it was his understanding that this House version, once marked up, would simply be re-amended by the Senate rather than reconciled with its version. He anticipated that it could probably occur the following week.
- Mr. Braswell asked if the Commission’s concerns were sufficiently addressed such that it was no longer necessary to oppose the legislation. Ms. Broadus suggested that an analysis by OAPP would be helpful.
- Mr. O’Brien felt the original decision to oppose the previously released Modernization Act draft was, though not a content mistake, a strategic mistake because the Commission was not included in the dialogue that resulted in this revised draft. For that reason, he was reluctant to draft another response.
- Ms. Broadus felt there were significant changes in this new draft. Mr. Butler asked what has changed from the Senate draft to this that improves LA County’s position. Mr. Braswell reported improvement in the definitions of “hold harmless”, “core medical services” and HIV reporting. He felt that the Commission’s position had helped to improve some of those provisions.
- Mr. Page felt the earlier letter was not sufficiently disseminated to reap the fullest effect.

**MOTION #3A (Broadus/Engeran):** The Public Policy Committee meeting begin the discussion and, on approval of County Counsel, a special Commission on HIV meeting be scheduled for Monday morning at 7:00 a.m. to vote on the Public Policy Committee recommendation (**Motion Failed: 7 Ayes; 16 Opposed; 0 Abstentions**).

- Mr. Pérez noted that the Board issued a statement the prior week to the California Congressional delegation highlighting its support for the bipartisan, bicameral process. The current House discussion draft is a product of that process. He felt the current draft better addressed the concern that funding be proportionate to impact.
- He went on to note that the Community Compromise Proposal does not specifically include county code-based HIV cases. LA County is opposed to that approach because it does not think that the 15,275 cases compiled in LA County or the 30,000 statewide should be ignored.
- Regarding “core medical services”, LA County has strongly advocated inclusion of a full complement of substance abuse services but, he said, current language only includes outpatient drug treatment. LA County has also advocated for case management and it is not clear that those services are included.
- Mr. Pérez said there would be a meeting the next day among the nine California Title I EMAs on the House discussion draft. The draft mark-up was expected to be voted on the following Wednesday. Ms. Watt and Mr. Baker would be joining Mr. Pérez in Washington beginning Sunday to participate in the process.
- Mr. O’Brien felt the action was in Washington. He suggested the Commission coordinate with those going to Washington in order to project a united front that is as fruitful as possible.
- Mr. Braswell asked if an OAPP representative would be at the Public Policy Committee meeting. Mr. Pérez responded that Mr. Baker would attend. Mr. Braswell agreed that it was important to coordinate since advocates from the East, Midwest and South have a geographical advantage in getting to Washington quickly as needed.
- Mr. Land asked if OAPP staff were limited to advocating the Board’s position or if there was leeway to respond to suggestions. Mr. Pérez said he would advocate positions congruent with the Board’s position.
- Ms. Broadus said that raised a coordination question since the Commission was charged with advising the Board. What is the process if OAPP and the Commission disagree on a question?
- Mr. Vincent-Jones said that highlights a gray area that has been raised previously. The Ordinance states that one of the Commission’s key roles is to advise the Board. As a public body, Commission recommendations become public

upon discussion. The Department of Public Health and OAPP do not have the same obligations of transparency. They also have different lines of communication with the Chief Administrative Office and the Board. He felt it benefited the Commission, OAPP and other LA County entities involved to attempt to develop consensus on a position that benefits all. That may not always be possible since the Commission has a different role than other LA County entities, but it is preferable.

- Mr. Vincent-Jones suggested that, if this draft is virtually assured, it may serve no purpose to retain an opposing position that was written under different circumstances, many of those primary to the Commission's point-of-view which have been addressed or are being addressed in the current version, given that the Board has formally supported the current version.

**MOTION #3B (Butler/Broadus):** The Public Policy Committee meeting discuss the House discussion draft with any action request to be forwarded to a special Executive Committee meeting (**Motion Passed: 19 Ayes; 3 Opposed; 2 Abstentions**).

- Mr. Engeran was concerned that people would go to Washington Sunday and the Executive Committee would not have the opportunity to discuss a position in a timely manner. For that reason, he and several other Commissioners proposed language for a letter that would withdraw the Commission's opposition, and would support the County position. Mr. Engeran read the letter into the record.

**MOTION #3C (Engeran/Land):** Approve the letter, as proposed, for the co-chairs signatures and forward to the CAO with a copy to the Director of OAPP. (**Passed by Consensus**).

3. **Name-Based HIV Reporting:** Mr. Engeran called attention to information in the packet on names reporting. He pointed out that the state has issued some limited intent language. He added that the process is moving and there is question whether SB 699 will be amended.
4. **Miscellaneous:** Karly Katona, Supervisor Burke's Health Deputy, was introduced. The office was thanked for its support.

## **B. Standards of Care (SOC) Committee:**

### **1. Medical Outpatient Rate Study:**

- As outlined in the accompanying memorandum, Dr. Younai reported that the SOC Committee recommended that the Commission refrain from taking action on the rate study methodology, since the vote would have no real impact.
- The Committee's second recommendation was to frame a policy for eventual incorporation into the Memorandum of Understanding (MOU) outlining the Commission's roles and responsibilities in future rate studies. Dr. Younai noted there are still divergent views on the amount and kind of input providers were permitted to make. Going forward, that is an area that can be improved. A draft policy was introduced for month-long public comment.
- The third recommendation is for enhanced dialogue between OAPP and the SOC to reconcile service descriptions with the standards of care. Dr. Younai reported that the SOC Committee would follow-up with OAPP directly to reconcile the standards with the service descriptions once the Nutrition Therapy comparison was completed, and it did not necessitate a vote from the Commission.
- She noted that there were substantial service differences among medical outpatient contracts. Some contracts include nutrition therapy, medical case management and/or local pharmacy assistance while others do not. In a broader sense, such services should ordinarily be funded through other funding streams. Extrapolating a norm from such diverse contracts is a concern. Other possible concerns that might arise when the rate study is released include lack of a financial impact assessment, staffing structures and rate implementation.
- It was agreed that possible conflicts-of-interest should be announced for the discussion.
- Ms. Broadus (Women Alive) felt the items should be voted separately. Mr. Vincent-Jones clarified that the motion asks the Commission to approve SOC's plan and approach. That plan and approach is to: 1) refrain from action on this rate study's methodology; 2) to develop and approve a policy and procedure for future rate studies; and, 3) to resolve discrepancies between the service descriptions and standards of care with OAPP. He noted that the memorandum addresses areas of possible concern that may arise when the rate study is released.
- Mr. Butler said the memorandum, as he understood it, simply stated issues that the SOC wished to study further. He felt a letter to the Board was premature. It was agreed to divide the question into Recommendation #1 and everything else.
- Ms. Broadus agreed the Commission had a role in determining methodology, particularly in provider involvement, and that there were concerns with the methodology used for this rate study. She felt, however, that development of an overall strategic plan is a separate issue. Some subjects go beyond methodology, e.g., single versus multiple rates, services and contract inconsistencies, service delivery models, staffing and rate implementation.
- Mr. O'Brien (Gay and Lesbian Center) suggested that the Commission communicate to the Board that the Commission is not taking action due to insufficient information and may want other issues addressed. He expressed

that his primary interest in this dialogue is in preserving the system of care, rather than whether or not his agency is funded.

- Mr. Pérez (OAPP) said that OAPP has no challenges reviewing the service descriptions for consistency with the standards of care. He added that OAPP is committed to ensuring that the services descriptions are reflective of the standards of care. He felt that a separate policy outlining the roles and responsibilities in future rate studies was not needed if incorporated into the MOU.
- He also felt that the issues raised possible concerns were the purview of the administrative agency, noting that he was committed to working with the Commission and providers, and had delayed implementing the study until Year 18. He felt the motion conflicted with OAPP's efforts to work constructively with the Commission and providers, and found some language in the memorandum inflammatory. Mr. Vincent-Jones clarified that the "Further Actions" section of the memorandum defines the identified issues as possible concerns that have been raised by the Commission or others, but the SOC Committee did not recommend any action on them until the rate study is released and people could see how the issues are addressed.. He asserted that it is the Commission's right and responsibility as a public forum to advance issues for dialogue. The language does not assert that the Commission has approval of or responsibility for those six issues.
- Dr. Younai said that the intent of the memorandum was not to criticize OAPP for the process or how it had been handled, but rather to highlight issues for review. Mr. Pérez said that could be done without a letter to the Board. Mr. Braswell said any letter to the Board must be crafted carefully in order not to alienate the Commission from OAPP or reflect poorly on them and the effort they have put forward.
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**MOTION #4:** Approve the Standards of Care (SOC) Committee's plan to address the Medical Outpatient Rate Study, as presented (*Question Divided*)

**MOTION #4A:** Approve the Standards of Care (SOC) Committee's Medical Outpatient Rate Study Recommendation #1 to refrain from taking any action on the rate study methodology (*Passed by Consensus*).

**MOTION #4B:** Approve the Standards of Care (SOC) Committee's plan, exempting Recommendation #1 (already voted on), to address the Medical Outpatient Rate Study, as presented (**Motion Passed: 16 Ayes; 1 Opposed; 5 Abstentions**).

**MOTION #4C (O'Brien/Land):** Send a letter to the Board of Supervisors communicating Commission decisions and raising possible concerns about the Medical Outpatient Rate Studies (**Motion Passed: 13 Ayes; 5 Opposed; 4 Abstentions**).

➡ Ms. Broadus recommended, and it was agreed by consensus, that the body of the letter will include, "...by vote of..." and the vote tally.

2. **Rate Studies Policy and Procedure:** Subsequent to the second recommendation, Dr. Younai noted this is a draft document open for Public Comment until October 12, 2006.
3. **Medicare Part D Follow-Up:**
  - Mr. Vincent-Jones noted there had been a forum resulting in three recommendations.
    - ⇒ Recommendation 1: The Commission consider support of SB 3650 that would allow LA County to count ADAP toward the share of cost, helping people beyond the "donut hole" (Referred to Public Policy Committee).
    - ⇒ Recommendation #2: TCommission review the formula used to determine share of cost (Referred to Public Policy Committee).
    - ⇒ Recommendation #3: The Commission work with community partners to educate consumers that November 15<sup>th</sup> to December 31<sup>st</sup> is the new enrollment period and is shorter with fewer providers (Referred to Standards of Care Committee).

**MOTION #5:** Approve the SOC Committee's recommendations for follow-up on continuing Medicare Part D implementation (*Passed by Consensus*).

4. **Quality Management Cycle:** Due to its length, the presentation was postponed to the October meeting.
5. **Standards Development Process:** Two motions were presented to better align service categories within HRSA expectations and definitions pertaining to the "Core Medical Services". It was noted that Nutrition Therapy had formerly been name "Medical Nutrition Therapy", and Motion #6 would simply return it to that title.

**MOTION #6:** Approve the SOC Committee's recommendation to reverse its earlier decision, and change the "Nutrition Therapy" service category name back to "Medical Nutrition Therapy" (*Passed by Consensus*).

**MOTION #7:** Approve the SOC Committee's recommendations to review and integrate medical, psychosocial and other case management models and standards (*Passed by Consensus*).

6. **Transitional Case Management Standards:** Dr. Younai noted that no public comments were received.

**MOTION #8:** Adopt the Transitional Case Management Standards of Care, as presented (*Passed by Consensus*).

7. **Hospice/Nursing Facility Standards:** Dr. Younai noted that no public comments were received.  
**MOTION #9:** Approve Adopt the Hospice/Nursing Facility standards of care, as presented. (*Passed by Consensus*)
8. **Counseling/Testing Standards:** The standard was opened for public comment until October 12<sup>th</sup>. All were referred to the PowerPoint and standard in the packet and encouraged to use the public comment period  
➡ Ms. Watt noted that she has requested, on behalf of the PPC, that this be forwarded to members of the PPC and the HIV Testing and Counseling Task Force to ensure their input in Public Comment.
9. **Outreach Standards:** The standard was opened for public comment until October 12<sup>th</sup>. All were referred to the PowerPoint and standard in the packet and encouraged to use the public comment period  
➡ Ms. Watt noted that she has requested, on behalf of the PPC, that this be forwarded to members of the PPC and the HIV Testing and Counseling Task Force to ensure their input in Public Comment.
10. **Early Intervention Standards:** The standard was opened for public comment until October 12<sup>th</sup>.
  - All were referred to the PowerPoint and standard in the packet and encouraged to use the public comment period
11. **DEFA Standards:** The standard was opened for public comment until October 12<sup>th</sup>.
  - All were referred to the PowerPoint and standard in the packet and encouraged to use the public comment period
12. **Miscellaneous:** There were no additional comments.

**C. Priorities and Planning (P&P) Committee:**

1. **Minority AIDS Initiative (MAI):**
  - Dr. Green began by noting that an MAI specific award is received in addition to the overall Title I award. It must have a plan for use of the funds in accordance with legislative requirements.
  - Ms. Broadus continued the presentation with the Year 17 MAI service category recommendations of: Early Intervention, 30%; Medical Case Management, 45%; and Oral Health, 20%. HRSA requires a 5% administration assessment. H-CAP and other data were used to identify areas most likely to reduce barriers to the targeted population.
  - Early Intervention, assisting people to enter care who have not been in care for the last 12 months, is especially helpful to people of color.
  - Medical Case Management assists people of color to stay in care by addressing medical and psychosocial needs. It is especially helpful for those with substance abuse problems. Staffing is required to reflect the population served in cultural and linguistic sensitivity.
  - Oral Health, both services and education, has consistently been raised as a concern for consumers, particularly among persons of color. It affects overall physical health as well as self-esteem. The 20% allocation reflects a 90% increase in order to ensure two visits per year, including maintenance and education.
  - Persons of color exiting correctional settings were also identified as a population in special need of barrier reduction.
  - Ms. White supported the presentation, but asked for more gender sensitivity. Many women have special barriers, like child care and transportation. She encouraged services in and of the community.
  - Ms. Avalos supported the choices. She noted that medical is not always the first need, since substance abuse, food or transportation might all need to be in place before medical care can be effective. She reiterated support for local services, noting that transportation services had been cut.
  - Mr. Butler complemented the work. He suggested several subjects for further thought. He said the existing standard of care for Oral Health has acted as a barrier for him since, if he cannot get to the provider within a specific timeline, he is required to begin again. He also encouraged more outreach and greater geographic distribution.
  - Mr. Pérez complemented the work. He felt the proposal was far more consistent with the original MAI intent by enhancing rather than supplanting the current system. He also agreed with Mr. Butler that the oral health system needs to be assessed for increased capacity. He stated that OAPP was prepared to embark on that review. He noted that clients who have been out of care will most probably need five or six visits initially, with two annually as a maintenance goal once care was established. Mr. Vincent-Jones noted that two annual visits is a minimum. He added that the Subcommittee realized that capacity would need to be addressed to meet the high expectations expressed, but felt it was important to aspire to them. Ms. Broadus said this approval would empower the Subcommittee to address questions like development of capacity to absorb the new funding.

**MOTION #10:** Approve the Minority AIDS Initiative (MAI) Subcommittee's recommended prioritization and allocation of MAI funding to begin in Year 17, as presented (*Passed by Consensus*).

- ➡ If approved by the Commission, the MAI Subcommittee will reconvene to determine the program's population, process and health outcomes, as well as realistic implementation timelines. Policies and procedures will also be developed by the MAI Subcommittee for ongoing development, evaluation and implementation of MAI objectives to increase access to and retention in care while reducing health disparities among people of color.

- ➔ The plan based on the prioritization and allocation of funds becomes part of the application to HRSA. Once funded, the allocation must still be approved and HRSA must still approve the implementation plan.

2. **Unmet Need:** There was no report.

**D. Finance Committee:**

1. **YR 14 Assessment of the Administrative Mechanism (AAM):** Mr. O'Brien noted the report was presented 60 days ago for public comment.

**MOTION #11:** Receive and file the Assessment of the Administrative Mechanism final report for Year 14 (*Passed by Consensus*).

**MOTION #12:** Adopt the final recommendations from the final Year 14 Assessment of the Administrative Mechanism report, as presented (*Passed by Consensus*).

2. **Financial Reports:** Postponed.

**E. Recruitment, Diversity and Bylaws (RD&B) Committee:**

1. **Member Nominations:** Mr. Butler reminded everyone that, if their appointment ended in June 2006 and they wished to re-apply, they need to submit their applications. Commissioners remain on their seats until they are replaced or resign. RD&B would begin reviewing applications next week.

**MOTION #13:** Nominate Mario Pérez for appointment to the Commission's OAPP, non-voting seat to the Board of Supervisors (*Passed by Consensus*).

2. **By-Law Revisions:** Mr. Butler recalled that By-law revisions were presented for review in June. They clarify that the Commission Co-Chairs are ex officio members of each committee and able to serve as any committee's chair if one is lacking.

**MOTION #14:** Amend the Commission By-laws, as recommended (*Passed by Consensus*).

18. **COMMISSION COMMENT:** There were no additional comments.

19. **ANNOUNCEMENTS:** There were no announcements.

20. **ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:35 p.m.

A. **Roll Call:** End-of-the meeting roll call was not taken.

# Commission on HIV Meeting Minutes

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the July 13, 2006 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Elect Jeffrey Goodman to fill the Executive Committee At-Large member seat	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3A (Broadus/Engeran):</b> The Public Policy Committee meeting begin the discussion and, on approval of County Counsel, a special Commission on HIV meeting be scheduled for Monday morning at 7:00 a.m. to vote on the Public Policy Committee recommendation.	<i>Ayes: Broadus, Engeran, Giugni, Goodman, Hamilton, McCoy, Nollo,do,</i> <i>Opposed: Bailey, Braswell, Butler, Chavez, Crews-Rhoden, Farias, Fuentes, Land, O'Brien, Orozco, Palmeros, Schwartz, Skinner, Stockton, Varela, Woodard, Younai</i> <i>Abstention: None.</i>	<b>MOTION FAILED</b> <b>Ayes: 7</b> <b>Opposed: 16</b> <b>Abstentions: 0</b>
<b>MOTION #3B (Butler/Broadus):</b> The Public Policy Committee meeting discuss the House discussion draft with any action request to be forwarded to a special Executive Committee meeting.	<i>Ayes: Bailey, Braswell, Broadus, Butler, Chavez, Crews-Rhoden, Fuentes, Giugni, Hamilton, Land, McCoy, Orozco, Palmeros, Schwartz, Skinner, Stockton, Varela, Woodard, Younai</i> <i>Opposed: Engeran, Nollo,do, O'Brien,</i> <i>Abstention: Farias, Goodman</i>	<b>MOTION PASSED</b> <b>Ayes: 19</b> <b>Opposed: 3</b> <b>Abstentions: 2</b>
<b>MOTION #3D (Engeran/Land):</b> Approve the letter, as proposed, for the co-chairs signatures and forward to the CAO with a copy to the Director of OAPP.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Approve the Standards of Care (SOC) Committee's plan to address the Medical Outpatient rate studies, as presented.	<i>Question Divided</i>	<b>QUESTION DIVIDED</b>
<b>MOTION #4A:</b> Approve the Standards of Care (SOC) Committee's Medical Outpatient Rate Study Recommendation #1 to refrain from taking any action on the rate study methodology.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4B:</b> Approve the Standards of Care (SOC) Committee's plan, exempting Recommendation #1 (already voted on), to address the Medical Outpatient Rate Study, as presented.	<i>Ayes: Bailey, Braswell, Butler, Chavez, Crews-Rhoden, Engeran, Fuentes, Giugni, Goodman, Nollo,do, O'Brien, Orozco, Palmeros, Stockton, Woodard, Younai</i> <i>Opposed: Broadus</i> <i>Abstention: Farias, Hamilton, Land, McCoy, Skinner</i>	<b>MOTION PASSED</b> <b>Ayes: 16</b> <b>Opposed: 1</b> <b>Abstentions: 5</b>
<b>MOTION #4C: (O'Brien/Land)</b> Send a letter to the Board of Supervisors communicating Commission decisions and raising possible concerns about the Medical Outpatient Rate Studies.	<i>Ayes: Crews-Rhoden, Engeran, Fuentes, Giugni, Goodman, Land, McCoy, O'Brien, Orozco, Palmeros, Stockton, Woodard, Younai</i> <i>Opposed: Braswell, Broadus, Farias, Hamilton, Skinner</i> <i>Abstention: Bailey, Butler, Chavez, Nollo,do,</i>	<b>MOTION PASSED</b> <b>Ayes: 13</b> <b>Opposed: 5</b> <b>Abstentions: 4</b>
<b>MOTION #5:</b> Approve the SOC Committee's recommendations for follow-up on continuing Medicare Part D implementation.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #6:</b> Approve the SOC Committee's recommendation to	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>

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**MOTION AND VOTING SUMMARY**

reverse its earlier decision, and change the “Nutrition Therapy” service category name back to “Medical Nutrition Therapy”.		
<b>MOTION #7:</b> Approve the SOC Committee’s recommendations to review and integrate medical, psychosocial and other case management models and standards.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #8:</b> Adopt the Transitional Case Management standards of care, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #9:</b> Adopt the Hospice/Nursing Facility standards of care, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #10:</b> Approve the Minority AIDS Initiative (MAI) Subcommittee’s recommended prioritization and allocation of MAI funding to begin in Year 17, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #11:</b> Receive and file the Assessment of the Administrative Mechanism final report for Year 14.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #12:</b> Adopt the final recommendations from the final Year 14 Assessment of the Administrative Mechanism report, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #13:</b> Nominate Mario Pérez for appointment to the Commission’s OAPP, non-voting seat to the Board of Supervisors.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #14:</b> Amend the Commission By-laws, as recommended.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>